



## Agency Information

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**General Agency Information:**

Official Agency Name \_\_\_\_\_

Also Known As (AKA) \_\_\_\_\_

Agency Description (1-2 sentences summarizing the agency’s primary nature and activities)

\_\_\_\_\_

Agency Hours of Operation \_\_\_\_\_

**Agency Legal Information:**

Federal Employee Identification Number (EIN-FEIN) \_\_\_\_\_

Provider Type:

- For – Profit
- Non – Profit
- Government
- Faith – Based
- Other: \_\_\_\_\_

Funding Source:

- Government
- Donations
- Membership Fees
- Private Organizations
- Service Fees
- United Way
- Other: \_\_\_\_\_

**Agency Contact Information:**

*Physical Address*

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Should physical address show on web site?*

- Yes                       No

*Mailing Address*

Different from physical address?

Mailing Address Attention To \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Return by mail to NJ 2-1-1 Partnership, PO Box 346 East Hanover, NJ 07936, or fax to c/o Database Manager at (973) 887-4680 or by email to [database@nj211.org](mailto:database@nj211.org).





**Agency Information**  
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*Contact Phone Numbers*

Main \_\_\_\_\_ Toll Free \_\_\_\_\_  
 Alternate \_\_\_\_\_ Fax \_\_\_\_\_

*Electronic*

Website Address \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Agency Updating Information:**

*Staff person responsible for verification and updating of agency information*

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Preferred Method of Contact \_\_\_\_\_

**Agency Verification Information:**

*Permission to Use Data* (please provide signature) – The enclosed information is accurate and complete. It has been reviewed by our agency and may be used by NJ 2-1-1 for referral, publication, print, electronic, and internet purposes. We have noted any information that is not to be publicized.

Signature Joan Doe \_\_\_\_\_ Date \_\_\_\_\_

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## Service Information (Page 3 of \_\_\_\_)

*If your agency provides multiple services or programs, you must complete this form for each service.*

### General Service Information:

Service Name \_\_\_\_\_

Also Known As (AKA) \_\_\_\_\_

Service Description (as offered to eligible persons; Note: Callers are referred based on this description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours of Operation \_\_\_\_\_

### Service Contact Information:

#### Physical Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Mailing Address

Different from physical address?

Mailing Address Attention To \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Phone Numbers

Main \_\_\_\_\_ Toll Free \_\_\_\_\_

Alternate \_\_\_\_\_ Fax \_\_\_\_\_

#### Electronic

Website Address \_\_\_\_\_

Email Address \_\_\_\_\_

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## Service Information

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**Service Intake Information:**

Intake Procedure (ie: Telephone? walk – ins? appointments?) \_\_\_\_\_

Intake Requirements \_\_\_\_\_

Documents Required \_\_\_\_\_

General Eligibility (specific requirements or exclusions) \_\_\_\_\_

Types of Fees (ie: sliding scale, insurance accepted, dues, etc.) \_\_\_\_\_

Fee Amounts \_\_\_\_\_

**Additional Service Information:**

Languages Other than English: \_\_\_\_\_

*Service Features*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No referral required | <input type="checkbox"/> Physician referral required | <input type="checkbox"/> Social Service referral required |
| <input type="checkbox"/> Ramps                | <input type="checkbox"/> Wheelchair Accessible       | <input type="checkbox"/> Full ADA Accessibility           |
| <input type="checkbox"/> Other: _____         |  |   |

Specific service area description (ie: counties, zip codes, townships, school districts, etc.) \_\_\_\_\_

*Counties Served*

- |                                     |                                    |                                     |                                    |                                    |
|-------------------------------------|------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Atlantic   | <input type="checkbox"/> Bergen    | <input type="checkbox"/> Burlington | <input type="checkbox"/> Cape May  | <input type="checkbox"/> Camden    |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Essex     | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Hudson    | <input type="checkbox"/> Hunterdon |
| <input type="checkbox"/> Middlesex  | <input type="checkbox"/> Mercer    | <input type="checkbox"/> Monmouth   | <input type="checkbox"/> Morris    | <input type="checkbox"/> Ocean     |
| <input type="checkbox"/> Passaic    | <input type="checkbox"/> Salem     | <input type="checkbox"/> Somerset   | <input type="checkbox"/> Sussex    | <input type="checkbox"/> Union     |
| <input type="checkbox"/> Warren     | <input type="checkbox"/> Statewide | <input type="checkbox"/> National   | <input type="checkbox"/> Worldwide |                                    |

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